

# Child Welfare League of America

130 East Twenty-second Street, New York City

## Bulletin

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### Oscar Wilde wrote:

*"Every single human being should be the fulfillment of a prophecy—for every human being should be the realization of some ideal, either in the mind of God or in the mind of man."*

### LEAGUE'S PERIODICALS COMBINED

Beginning this month the publication of *Information Exchange* will be discontinued. The institution news formerly carried in *Information Exchange* will now appear in the MONTHLY BULLETIN of the Child Welfare League of America. For the remaining months of 1927 the MONTHLY BULLETIN will go without charge to the institutions which have been receiving *Information Exchange*.

### CHURCH CHILD WELFARE WORKERS WILL MEET IN NEW YORK

Church work for dependent and neglected children will be the general subject of a conference to be held under joint auspices of the Federal Council of Churches and the Child Welfare League of America. The Conference will be in New York City April 21, 22. This date, in the week following Easter, has been chosen so that clergy and other church workers can reach New York after fulfilling their Lenten appointments. Although the meetings will be open to representatives of all religious groups and others who are interested, the conference is planned especially for social service representatives of the Protestant churches and the executives and trustees of child-caring institutions, child-placing agencies and mothers' assistance funds which are under Protestant auspices.

The list of speakers will include the executives of church child-caring institutions and agencies from various parts of the country who are known for their successful work. They will tell of the problems which must be faced before improved standards can be realized.

Several subjects will be presented by well-known social workers. Mr. Allen T. Burns will discuss aspects

of community organization with which church groups should be acquainted. Mr. Burns is Executive Director of the American Association for Community Organization. Mr. John S. Bradway, Secretary of the National Association of Legal Aid Associations, will tell of adaptations of wills and bequests to modern child welfare needs. Miss Mary F. Bogue, State Supervisor of the Mothers' Assistance Fund of Pennsylvania, is to speak on the development of mothers' assistance funds in recent years.

Representatives of the Federal Council of Churches and the Child Welfare League of America will tell of the study, in 1924, of Protestant Church institutions and child-placing agencies. This study, made by the Child Welfare League of America, has served as a basis for development of the League's service to church institutions.

The complete program for this Conference will appear in the March issue of the BULLETIN.

### INSTITUTION NEWS

Gratifying results from improvement of its health program are reported by the Methodist Children's Home, Worthington, Ohio. Last year a registered nurse was employed as health supervisor for the Home. At the same time several medical specialists, all on the staff of the White Cross Hospital in Columbus, agreed to serve on the medical staff of the Home.

Improvements in the health of the children have come as direct results of a greater number of complete physical examinations followed by thorough treatment for children who needed it. Equally productive of results was the constant review by the nurse of the physical condition of each child and the scientific check up on the diet of the children.

A third cottage unit at the Marsh Foundation School, Van Wert, Ohio, is nearing completion. The buildings now in use provide unusually pleasant living, school and play quarters. The first printed report on the work of this school will soon be available. Dr. R. R. Reeder is the School's executive.

A study of institutions and other child-caring agencies in Berks County, Pennsylvania, is being made under auspices of the Child Study Committee of the Berks County Council of Social Agencies. The Chairman of the Committee is the Hon. Paul Schaeffer. Miss Elizabeth T. Shipley of Reading, Pa., is doing the field work required for the study.

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"How Much of the Child's Family History Should the Cottage Mother Know?" was one of the subjects discussed by the institutional round table group at the Eastern Regional Conference of the Child Welfare League of America. Although there was not unanimous agreement on details it seemed to be the opinion of the group that the cottage mother should receive more information on each child than is usually provided when she begins her attempt to mother him.

The discussion brought out several points—(1) that the institution seldom has enough family history in its office files to permit the executive to transmit to the cottage mother what she needs; (2) if the executive doesn't tell her something of the child's history, she will secure much information or misinformation on the subject in the form of gossip or from conversations with the child and his relatives; (3) it is probably desirable to conceal from the cottage mother information as to the illegitimacy of the parents of any of her children; if this information is to be given at all it should come from the child's mother, especially in view of the fact that it is she and her child who will suffer most from those who are unsympathetic; (4) it is probably better for the cottage mother to receive her data from the superintendent, through a conference with him before, or at the time of, the child's admission. If she attempts to read a long social history on the family, she may be confused and, with her lack of case work training, will probably fail to realize which facts are most important.

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### CONFERENCE DATES

(Please notice changes from dates previously announced for the two Regional Conferences.)

Middle Western Regional Conference, Child Welfare League of America. Chicago—March 11, 12.

New England Regional Conference, Child Welfare League of America. Boston—April 13, 14.

Conference on Church Work for Dependent and Neglected Children, under joint auspices of the Federal Council of Churches and the Child Welfare League of America. New York—April 21, 22.

National Conference of Social Work. Des Moines—May 11-18.

### IMPORTANCE OF OBTAINING PARENTAL COOPERATION

DOUGLAS A. THOM, M. D., Director

Division of Mental Hygiene, Department of Mental Diseases of the Commonwealth of Massachusetts

In many of the schemes for child training the importance of parental cooperation has been ignored. It has, to be sure, been stressed in a rather negative way so that we are led to believe that some few children survive with mental health in spite of parents, but the real contributions that the father or mother can make and how it can be brought about has, on the whole, been sadly neglected.

It is well to bear in mind that psychiatrists, psychologists, social workers, teachers and other specialists concerned with child training are going to succeed in any given plan only insofar as they get the cooperation of parents and others with whom the child is making daily contacts over long periods of time. The fact that we have to depend on parents to create the mental atmosphere for the child and that it is the parental conduct that the child is most likely to imitate and the parental approbation that he is seeking, makes the cooperation of these adults an indispensable part of any successful plan of treatment.

It is not sufficient to tell parents that they are making a mistake in the management of their children, that their attitude is wrong and that they cannot expect anything different if they pursue their present course, but it is equally important to explain to the parents, whenever possible, just why their attitude towards some particular problem that has to do with the child is wrong. Time will be well spent in helping the parents understand why their emotional reaction over bad manners is often much more marked than it is over some fundamental problem concerning the mental health of the child. There is no more important aspect of the problem of child training than helping parents solve their own emotional upsets.

We are all familiar with the exaggerated emotional reactions that parents have to such problems as stealing, lying, masturbation, temper tantrums and how jealousy, self-consciousness, day-dreaming and other evidences of personality deviations pass by unnoticed. We constantly have to deal with a misdirected sentimentality that leads parents to sacrifice the healthy part of the family for that which is irreparably damaged. How many homes are built around an imbecilic child or a demented grandparent, allowing the personalities of the normal individuals in the home to become twisted and warped by the environmental restraint to which they are subjected? It is true that we are living in an age of individualization, but all too frequently the family and

society are sacrificed for doubtful benefits to some individual member.

Parents need much help in grasping the relative values in family situations and this help can best be brought about by helping them to understand that their reactions toward the children result from a state of mind which needs careful study and treatment. It is this particular group of parents who create problem environments of which the children are but symptoms and the psychiatric approach to the child that does not include the parents, is obviously inadequate.

There are, however, other problems that develop in the process of growing up that cannot be attributed to the parents. There is a group of children, not large to be sure, but well worthy of recognition, who would be problems in any environment and under any conditions. This group is composed of about one-half of the mentally defective children and practically all the constitutionally unstable.

The defective group need not be discussed at this time—we are all familiar with the handicaps imposed by the limited intellectual equipment. To the constitutionally unstable group belong those children who react to all stimuli, both coming from within the individual and from the environment, in an exaggerated manner. Almost from birth, they are recognized as being unable to meet the ordinary every-day problems of life as the average is capable of doing. Their early problems are those of eating, sleeping and elimination. Many of these children develop mannerisms, tics and convulsions. Slight indiscretions in diet produce marked gastro-intestinal upsets. They react to mild infections with extremely high temperatures. These children cry easily, are often chronically whiny, are given to temper tantrums and the negativistic reactions are constant, rather than being a passing phase. To be sure, the environment in which these children are reared can exaggerate or minimize their difficulties, but fundamentally they are problems.

The second group of problems seen in children for which we should not hold parents responsible are those which are characteristic of the phase through which the child is passing. They are not specific problems for a particular child, but problems that are common to practically all children. These problems are just incidents in the life of the child in his efforts to grow up. For example, the negativistic phase which occurs so commonly between the ages of 3 and 5, the self-conscious period which follows a couple of years later, that perplexing period between the ages of 9 and 11 when their desire for parental approbation is at low ebb, not because they have lost the inherent desire for approbation, but that it has shifted from the home to the group outside and the child is usually quite willing to undergo

reprimands and even punishments in order to win the applause of those about his own age. The efforts of the specialist here must be directed toward giving the parents a better understanding of the motives and purposes of such conduct, and, in this way, relieve to a considerable extent their anxiety and permit them to approach the problem from an intellectual point of view unhindered by their own fear, worry and anxiety.

In closing, one would urge that specialists look over the field very carefully before attempting treatment and decide just where it should begin. In this way many valuable hours might well be saved as, all too frequently, our energies are misdirected and one hour spent with the parent will accomplish more than many spent with the patient.

#### CLEVELAND INSTITUTIONS RECORD BEHAVIOR OF CHILDREN

Ten institutions were represented at a recent meeting of the Children's Bureau of Cleveland, Ohio, for consideration of results of the recent experiment of Cleveland institutions in keeping records on the behavior of children. This is one of the many projects promoted by the Cleveland Children's Bureau for the improvement of institutional care for children. The blank used for the behavior record was prepared by Mr. E. W. Wickman, of the Cleveland Child Guidance Clinic.

The housemother was the person relied upon for filling in the three-page record of each child's behavior. Although one of the main objectives was to start a permanent record of the child's behavior, it was also apparent that, in recording her opinions on the behavior of the child, the housemother would supply valuable data on her own mental attitude and temperamental qualification for her work.

Care was taken to avoid use of these records for setting down merits or demerits. Instead, the workers were encouraged to seek for causes of each child's problems and to deal with these causes objectively and on an intellectual level rather than in a subjective way and on an emotional level. The plan provided some of the data needed for measuring the results of treatment and care during the child's institutional residence. One purpose was to get a more complete understanding of the child's daily life so that he may be more successfully adjusted when he first comes to the institution, when he needs a change in cottage residence or work assignment and when he is ready for placement in the community.

The record form used in the experiment asks sixteen questions. In answering each question the cottage mother was expected to check one of the several pos-

**THE CHILD WELFARE LEAGUE OF AMERICA**

*President*—MISS NEVA R. DEARDORFF, Philadelphia  
*Vice-President*—ALBERT H. STONEMAN, Detroit  
*Secretary*—MISS GEORGIA G. RALPH, New York  
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Mass.  
*Executive Director*—C. C. CARSTENS, New York

sible answers listed. These impressions of the cottage mother were to be recorded once a week during the first month and once a month thereafter. Some of the questions were:

“Was He Easy to Manage or Did He Make Trouble?”  
“Did He Try to Mix With Other Children?”  
“How Did He Get Along With the Other Children?”  
“Did He Take Things That Did Not Belong to Him?”  
“Did He Show Any Undesirable Sex Behavior?”  
“Did He Fly Into Rages or Tantrums?”  
“Did He Show Fears or Frights?”  
“Did He Tattle on Others?”  
“Did He Refuse to Eat What was Served?”

Several of the superintendents keeping the behavior records have told of results observed in their institutions.

Sister Carmelita of Parmadale reported that although her staff had kept the records only for three months, she found the Sisters inclined to a more kindly interpretation of the behavior of the children. The issues raised by the questions led them to analyze the particular actions of various children. Workers who at first objected to the report, now are more observing and are interested in finding out whether individual children are improving.

Miss Buchanan of Fresh Air Camp found in the experiment an opportunity to check on children received for health reasons whose physical conditions resulted from certain habits of behavior as well as from habits of living. Workers have extended their records on the conditions of children beyond what was included in their former classifications. If the trend of a child's behavior seemed unfavorable, it usually led the worker to some analysis of her own attitude toward the child. This she counted as the greatest advantage derived from keeping the records. She observed that other questions on behavior should be included.

In planning this work the Children's Bureau found that the Merrill Palmer School in Detroit stands practically alone in its efforts to record behavior. Dr. Schumacher of the Child Guidance Clinic pointed out several of the advantages to be derived from use of the behavior record form. The material collected will often call the attention of the worker to the beginning of a problem. Attention thus directed in the early stages of a problem's development will help in the location of causes. Only when causes are known can reme-

dies be applied. Psychiatrists generally are handicapped for want of records of the conduct of the children who are brought to them for treatment. Behavior records such as this will provide invaluable assistance.

Mr. Lawrence C. Cole, Executive Secretary of the Children's Bureau, called attention to the fact that more and more institutions are becoming training centers. A more adequate understanding by attendants and matrons of the problems underlying their relations with each child will improve the quality of the child training for which they are held responsible. The experiment shows that there is need for more training of the workers in charge of children and that their training should provide a better understanding of child psychology.

**SEES END OF RELIEF WORK**

Wide-spread attention has been focused on the changes in social conditions that are coming about in certain communities through restriction on immigration. At the first graduation exercises of the Jewish Training School for Social Workers, Dr. Lee K. Frankel, Vice-President of the Metropolitan Life Insurance Company, is quoted as having said: “The next twenty-five years will see a new phase in Jewish philanthropy. If the present immigration policy is maintained—and I can see no reason why it will not be—we shall have to revise our entire conception of our needs. I predict that within the next ten or twenty years we will see no need for relief for destitution, with industrial conditions as they are at present, and with every able-bodied person able to earn a living at good wages.”

Dr. Frankel sketched the opportunity of the social worker when time and energy are released from the burden of relief problems, in the day when “your work will pass the bounds of human dependence and distress. For example, if we are to overcome the tremendous apathy, the indifference toward religion, if we are to redeem our young men and women, who knows but that the social worker, with his training and equipment, will be called upon as a lay worker in the work being done by the synagogues and theological seminaries?”

Dr. Frankel also emphasizes the increasing possibility that there will be for dealing with problems of personality adjustment without the complication of economic stress.

**DR. TRUITT DISCUSSES CRIME**

“Crime does not spring from a single root and we psychiatrists can do very little about it until we convey to others their responsibility for studying the problem from their angles and joining us in a united attack on crime,” is a challenge to which children's workers can-

not well be indifferent. The amateur criminologists, to whom Dr. Truitt pays his respects, not only "run the gamut of causes from prohibition to rolled stockings," but point now and again to our clientele, the dependent and neglected children of the land, as the source of supply of criminals. How far their notion about the children we are serving (or should be serving) is correct may be debated, but in view of the present agitations for remedies of all sorts, children's workers should be abreast of the best knowledge of the day.

"Team-work in the Prevention of Crime" is a reprint of two recent papers by Dr. Ralph P. Truitt, Director, Division on Prevention of Delinquency of the National Committee for Mental Hygiene, on the thesis proposed in the sentence quoted at the head of this article. In these papers are discussed both methods of prevention, including child guidance clinics, and the rôle of cooperation among the various medical, social and psychological services themselves and with an informed public.

By virtue of the positions they hold in their communities, children's workers are often drawn into more or less serious consideration of juvenile delinquency and crime. They are often asked to outline plans to remedy bad local situations. Dr. Truitt's discussion can be obtained free on request, from the Joint Committee on Methods of Preventing Delinquency, 50 East 42d Street, New York.

A study of the development of the child in the normal home has just been announced by a group of New York specialists in child research. Dr. Mary Cover Jones, Miss Edith M. Burdick, a graduate nurse, and Dr. Harold E. Jones, assistant professor of psychology at Columbia University, are arranging to assume the care of a small group of normal and superior children under conditions as nearly as possible approaching those of an ideal home. This will permit the observation of the children both by day and by night, as in an ordinary household. The group of children, which will number about six, will include two young children of Dr. and Mrs. Jones. A wide variety of scientific records will be made covering the physical, mental, and emotional development of the children. It is planned to continue the study for a period of three years.

#### DIVERSITY OF PROGRAM SHOWN IN FIGURES

During 1925, the Michigan Children's Aid Society rendered service to 4,166 children. One is startled to read in the Annual Report that of this large number only 175 were accepted by the Society as permanent legal wards, that is, only 175 children were permanently

removed from their original family connections. This reflects the policy of the organization which is to render as careful service at the time of the first contact as possible and not to take for granted that separation of the family members from each other is a usual thing.

The cases of 1,610 children were investigated, dealt with, and the children not received into physical care even temporarily, it being possible for workers to restore family relations to normal, utilize relatives, and otherwise provide for the children. A large number were received into temporary care during the year, 1,256. As an indication of the genuinely temporary nature of this care, it is pertinent to note that there were 403 such children in the care of the Society at the beginning of the year and 459 at the end of the year, although 1,759 in all were given this form of service. During the year, 144 children were placed in homes looking towards adoption.

Altogether this record constitutes an illustration of variety of service over a large area that not only is outstanding but may be taken to show that breadth of program makes for success.

#### STOMACH TROUBLES IN CHILDREN DUE TO PSYCHIC FACTOR

The psychic factor is generally responsible for lack of appetite, thinks Dr. John F. Scott, writing in the *Atlantic Medical Journal*. In some cases, defective control on the mother's part is the reason for the child's refusing to eat. Such children are hard to treat in their home environment, but respond readily to group treatment, when the psychology of the crowd and the common ideal can be exercised.

Excitement and fatigue are other causes of lack of appetite. Children who are normally good eaters may lose their appetite in anticipation of a trip or a picnic, in fear of missing some important event or in fear of some unpleasant thing that is about to occur. Homesickness may also cause loss of appetite.

Of course, the appearance of the food served plays a large part in stimulating or retarding the child's desire, as children have innate fastidiousness, which is not always considered. Prolonged use of the nursing bottle may be another factor, thinks Dr. Scott. Sucking anything gives the child a certain gratification other than that which comes from a well-filled stomach, while the appetite for solid food becomes blunted and the child refuses to eat. For this reason the bottle should not be continued after the first year.

In all these cases of psychic disturbance of digestion, the environment plays a large part. The influence of parents, even though well meaning, is not always for their children's good. If the mother is overtired or

worried, or if she is impatient or irritable by temperament, she cannot help being hasty with her child and he will reflect her mental unrest. A calm, harmonious atmosphere is essential for the child's proper development.

Suggestion may be employed very effectively, especially in overcoming negativism in children, advises Dr. Scott. Suggestion may make a thing agreeable or unpleasant. Often it is better to suggest a thing than to give a direct command.

### BABY NEEDS WINTER SUNBATH

Baby needs his sunbath as much in winter as in summer, but because the winter sun is so distant and elusive, it will require more planning on the mother's part to see that baby gets his daily dose of sunshine. It has been found that the temperature in winter may be 40 degrees higher in the direct sunlight in a place protected from the wind than in the shade, according to the Children's Bureau of the U. S. Department of Labor.

Babies born in the winter should sleep as often as possible outdoors in the sun. The morning nap is the best time for this winter sunbath, and the sun should be allowed to shine on the cheeks and face. Partial sunbaths may be given to babies indoors lying inside an open window. The window may be open at the top or the bottom, but it is important that the baby lie in the patch of sunlight which has come through the open space. During the indoor sunbath it is best to close the doors of the room to avoid drafts.

The same technic may be used for the indoor sunbath as for the outdoor, remembering that tanning of the skin and not sunburn is the end for which to strive. The duration of exposure must be very gradually increased. Babies with a fair skin must have a shorter exposure, but may be given more frequent baths in order to hasten pigmentation, or tanning. Negro babies may have twice as long exposure as white babies. Older children can usually have longer initial exposures than young infants.

Overenthusiasm in the use of sunlight must be avoided. Benefit is received even during the slow preparatory period when the skin is beginning to pigment. Harm may be done by too much haste. The progress should be slow and regular.—"Hygeia," December, 1926.

### "HYGEIA" OFFERS WIDE VARIETY IN ARTICLES

We have from time to time not only quoted from "Hygeia, the Health Magazine," published by the American Medical Association, but have called the attention of our members to this excellent periodical.

During the past year there has been a broadening of subject matter to include many discussions of interest

to persons dealing with children on other grounds than health alone. For instance, in the January number, we find Dr. Gaylord W. Graves of New York discussing the various "rights" developed by the presence of a baby in the family in short sentences that stimulate one's response.

Dr. Frank Howard Richardson begins a series of articles with one on "The Nervous Child," in the course of which he discusses some of the commoner manifestations of "nervousness" along with the remarks of such an authority as Dr. Bernard Glueck, reinforcing Dr. Richardson's own conclusions. This article will be followed by others dealing with behavior.

There is an article on safety measures to protect eyesight, the physical care of mental patients, a community health conference in Colorado, and a large variety of briefer paragraphs. We believe that our members ought to take advantage of this non-technical presentation of medical subjects. It is published by the American Medical Association, 535 N. Dearborn Street, Chicago, Illinois, at \$3.00 per year.

### HOW DEPENDENT CHILDREN FARE IN PENNSYLVANIA

The latest figures show that 32,709 are away from home and kindred, while at least 13,073, more fortunate, are living at home. In institutions there are 20,931; in foster and parole homes there are 11,778. Mothers' Aid is keeping 11,826 at home with their mothers; child-caring societies aid and supervise 1,247 in their own families. Family welfare societies, Directors of the Poor, the Salvation Army, and other agencies aid an unknown number in addition. But 2,464 mothers (with perhaps 7,500 children) remain on the waiting list for Mothers' Aid.

### BEQUESTS

"The volume of benefactions for public charitable purposes during the past ten years is somewhere in excess of two billions. This is a sum which would have paid the bill for the Revolutionary War and left a surplus sufficient, without additions of interest, to support another war of the same size for another one hundred years.

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"Persons creating funds for private purposes may control their disposition for no longer than a generation or two, but trusts for public purposes may be, and usually are, established in perpetuity. That dispensation of immortality by the State to charitable trusts may prove to be a godsend or a calamity. It has been both. A man whose will or deed of trust projects a philanthropic grant into unending time sets down instructions for his trustees, to be executed from generation to generation forever, under circumstances about which he cannot be certain of having a shred of information."—Mr. Ralph Hayes, Director, New York Community Trust.

### PRELIMINARY ANNOUNCEMENT

The Child Welfare League of America will hold its first Child Welfare Institute for executives and experienced workers during the coming summer in New York. The dates have not been finally set but the time is likely to be for three weeks beginning June sixth. The number will be limited to twenty-five.

Institutes with a similar purpose have been held for workers in the family welfare field for many years and have been productive of excellent results. It is believed that they will be equally valuable in the children's field.

Suggestions will be gladly received from members of the League or others interested in the project.

### LOUISVILLE CHILDREN'S BUREAU PUBLISHES INSTITUTION HEALTH STANDARDS

An attractive mimeographed pamphlet on Health Standards for Child-Caring Institutions has been distributed locally by the Children's Bureau of Louisville. The publication was prepared for the Children's Bureau by the Child Hygiene Committee of the Louisville Health Council.

In addition to the sections on infant hygiene and personal hygiene for older children there is a section on personal hygiene for workers. This is a timely, although usually neglected, subject. "Proper care or training cannot be given children unless the persons who are looking after them are fully convinced that such training is right, and are themselves observing those rules of personal hygiene which are necessary for healthful living."

The section describing the plant necessary for adequate physical care and the section on food and its service are sufficiently detailed to provide practical guidance to the superintendent and cottage mother.

Because of its brevity and simplicity of text the pamphlet will be valuable as a manual for use in institutions.

Enough copies of the pamphlet were secured to permit enclosing them to members of the Child Welfare League of America with this issue of the BULLETIN.

### ENCLOSURES

(Sent to members of the League only)

1. Health Standards for Child-Caring Institutions. This pamphlet, published in mimeographed form by the Children's Bureau, Louisville, Kentucky, is referred to elsewhere in this issue of the BULLETIN.

2. Bulletin (for 1926) of the Maternity Hospital, Inc. Minneapolis, Minnesota. Here we read of a progressive program for unmarried mothers and their children. Last year the Maternity Hospital celebrated its fortieth anniversary.

### NEWSPAPERS COOPERATE IN DENVER ALSO

An article entitled "Newspapers Cooperate in Adoptions," in the January BULLETIN, brings a statement from Mrs. Mary E. Holland, Executive Secretary of the Colorado Children's Aid Society, a member of the Child Welfare League of America. Mrs. Holland tells of the cooperation of Denver newspapers in controlling advertisements for adoptions. "All persons desirous of placing advertisements for boarding children are referred to this office by the newspapers, and no advertisement is accepted by the papers until we recommend the same after careful investigation."

### CHANGES FOR THE DIRECTORY

DETROIT, MICHIGAN.—Methodist Children's Home of Michigan, 664 Putnam Avenue, instead of 4000 Vermont Avenue.

TOLEDO, OHIO.—Children's Bureau of the Social Service Federation; 572 Ontario Street; Miss Portia B. Mengert, Secretary, instead of Miss Katharine B. McKee.

MILWAUKEE, WISCONSIN.—Juvenile Protective Association of Milwaukee. Miss Janet Halverson instead of Miss Edith Foster.

The following organizations have withdrawn from our membership:

Children's Home Finding and Aid Society of Idaho.  
The South Dakota Children's Home Society.  
The Washington Children's Home Society.  
The Boys' and Girls' Aid Society of Oregon.

The 297 cities now using the Community Chest plan raised \$60,640,000. in 1926. In 1922, there were 134 chests and they raised \$39,470,000.

### OFFICE NEWS

New and old members are apprised of the fact that outstanding books in the field of child welfare can be found in our Loan Library. These volumes are available to all our members for a period of one month with the possibility of renewal for two additional weeks. We pay the postage one way. Please make use of these books.

A new edition of the Directory of members of the League is being prepared. In a separate pamphlet will be published the standards that the League has adopted at various times.

Miss Mary Irene Atkinson is temporarily attached to our staff for the purpose of writing a six years' history of the League's development which will be published during the spring.

We have set as our ideal that we shall make a visit to each one of our members once in two years. If you seem to have been passed by in this endeavor, please remind us and especially so if there is some particular project on which you would like to have our advice.

Miss Lundberg of our staff is away on leave during the month of February.

INTER-CITY CONFERENCE ON  
ILLEGITIMACY  
BULLETIN

*President: Mr. JAMES E. EWERS, Cleveland, Ohio.  
Vice-President: Mrs. EDITH M. H. BAYLOR, Boston, Mass.  
Secretary-Treasurer: Miss RUTH COLBY, St. Paul, Minn.*

**STUDY REVEALS RESULTS OF  
SUPERVISION**

MISS FLORA E. BURTON

Supervisor of Social Service, Division of Aid and Relief of the  
Massachusetts Department of Public Welfare

The Massachusetts Department of Public Welfare maintains a State Infirmary, with a maternity ward to which is sent a large percentage of the so-called "repeaters" among the illegitimately pregnant women of the State. After confinement the patients are discharged by the Social Service Division of the Infirmary.

For the purpose of checking up the social treatment and proving the value of long-time supervision of the unmarried mother and her baby, a brief survey was made of 100 unmarried mothers and their babies. The selection was based on three facts: first, that the mother had nursed and cared for her child during infancy; second, that the mother and baby had been under care for two years or more (because the lasting results of social case work can be ascertained only after a period of years); and third, that the status of these mothers and babies was known at the time of the survey.

Supervision varied from very active care during the first years, when readjustment is so difficult, to an occasional visit or consultation in later years, when important decisions had to be made in employment, care of child, marriage or illness.

Of the mothers studied there were:

2	under supervision	for 11 years
7	"	" 10 years
7	"	" 9 years
10	"	" 8 years
5	"	" 7 years
9	"	" 6 years
23	"	" 5 years
17	"	" 4 years
16	"	" 3 years
4	"	" 2 years

These women varied in mentality from normal to feeble-minded. There were a few normal, many borderline and psychopathic, and some feeble-minded who were not committed because of overcrowded conditions in the feeble-minded institutions. They had worked usually at domestic service with their babies, and had not been separated unless the welfare of the child so demanded.

Fifty-eight mothers had entirely supported their children; 34 partially supported their children, but

only 38 fathers contributed toward the support of the children. Thirty-four mothers had married, 2 to the fathers of their children; 78 were self-respecting; 21 were living questionable lives; 1 had died. Eighty-eight were self-supporting; 66 had been received back into their own families; 6 were still ostracized, and 28 had no families in this country. The fact that 59 of these 100 mothers had had 68 illegitimate children before coming into care, and only 11 had had children while under care, is a test of the value of long-time supervision.

The 101 children show interesting facts. Ninety-eight of these children were living and in good health, largely due, we believe, to care given by the mother during infancy. Sixty-three were with their mothers; 23 were boarding in foster homes; 2 had been adopted, and 3 had died of diphtheria. These children were well cared for and in good homes. Long-time supervision had prevented careless placement, poor adoptions, and perhaps the loss or the death of some children.

The rehabilitation of a person in society, and the stabilizing of character, cannot be done in a few months or a year, and if we would truly help the unmarried mother and her child, and make our efforts really count for their welfare, we must carry on indefinitely.

The Children's Bureau study of Maternity Homes in Minnesota and Pennsylvania is now available. The study was made under the direction of Dr. Ethel M. Watters, the medical data being collected by Dr. Jane M. Hull; the social data by Miss A. Madorah Donahue, all at that time on the staff of the Maternity and Infant Hygiene Division of the Federal Children's Bureau.

In a future issue of the BULLETIN the study will be reviewed.

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"We have learned that our own attitude towards the unmarried mother's problem is the barometer by which she makes her decision either to keep or not to keep her baby. We know her at a time when, harassed and driven by shame, trying to escape from a situation she is utterly unable to cope with, she is panic stricken enough, eager enough, to drop her shame and run, if she gathers from our attitude that that is the best thing she can do. To stay with her until the panic is passed, to reassure her that it is not impossible to go on living normally, and that it is quite possible to keep her baby if she is willing to work for it, should be the visitor's work."—*From the Annual Report of the Iowa Children's Home Society (1926).*